

Program B: Prevention and Treatment

Program Authorization: Act 353 of 1952; Acts 33 & 121 of 1958; Act 786 of 1978; Act 20 of 1979; Act 899 of 1984; Act 1 of First Extraordinary Session of 1988; and Act 159 of 1989

PROGRAM DESCRIPTION

The mission of the Prevention and Treatment Program is twofold:

1. Treatment services provide assessment, diagnosis and treatment of alcohol abuse and alcoholism and drug abuse and drug addiction, and other addictions, such as gambling.
2. Prevention programs address the individual, interpersonal and social, and environmental influences that cause an individual to abuse alcohol and other drugs. Prevention program activities must include three of the following six strategies: information dissemination, education, alternatives, problem identification and referral, community-based process, and environmental.

The goals of the Prevention and Treatment Program are:

1. To provide the highest quality of alcohol and drug abuse and gambling treatment which is clinically effective, delivered in the most efficient manner, and responsive to client's needs, clinically effective and delivered in the most efficient manner.
2. To assist in the development and provision of "research-based" prevention programs that support a comprehensive prevention system throughout the State to reduce the use and abuse of alcohol, tobacco and other drugs.

Major activities of this program include Primary Prevention, Synar Amendment (activities targeted to comply with the prohibition of tobacco sales to individuals under 18 years), Detoxification Services, Primary Inpatient Adult, Inpatient Adolescent, Community-Based Adult, Community-Based Adolescent, Outpatient, Pre-Release/Criminal Justice, Drug Court, and Compulsive Gambling.

OBJECTIVES AND PERFORMANCE INDICATORS

Unless otherwise indicated, all objectives are to be accomplished during or by the end of FY 2000-2001. Performance indicators are made up of two parts: name and value. The indicator name describes what is being measured. The indicator value is the numeric value or level achieved within a given measurement period. For budgeting purposes, performance indicator values are shown for the prior fiscal year, the current fiscal year, and alternative funding scenarios (continuation budget level and Executive Budget recommendation level) for the ensuing fiscal year (the fiscal year of the budget document).

The objectives and performance indicators that appear below are associated with program funding in the Base Executive for FY 2000-01. Specific information on program funding is presented in the financial sections that follow performance tables.

1. (KEY) To admit 3,158 individuals to Detox and have an average daily census of 58.

Strategic Link: *This objective is related to Goal I, Objective I.1, Strategy I.1.2: To enhance detoxification services by increasing the number of inpatients days by over 700 days during the period of FY 1999 to FY 2003.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	2,845	3,730	3,462	3,462	3,158 ¹	3,158 ¹
S	Average daily census	65	70	66	66	58 ²	58 ²
K	Percentage of clients successfully completing the program	82%	74%	73%	73%	73%	73%
K	Cost per client day (Social Detox) ³	Not applicable ⁴	\$35	Not applicable ⁵	\$35	\$35	\$35
K	Cost per client day (Medically supported)	Not applicable ⁴	\$103	Not applicable ⁵	\$103	\$103	\$103
K	Percentage of positive responses on client satisfaction questionnaire	Not applicable ⁴	95%	80%	80%	80%	80%
K	Recidivism rate	Not applicable ⁴	45%	25%	25%	45% ⁶	45% ⁶
K	Occupancy rate	Not applicable ⁴	84%	Not applicable ⁵	84%	84% ⁷	84% ⁷

¹ Concordia Detox closed in the first quarter of FY 1999 as an adequate facility which would meet licensing standards was not available. Funding for the proposed methadone detox was eliminated in the mid-year budget cuts for FY 2000.

² Concordia Detox closed leaving a total of 72 beds at an 80% minimum utilization.

³ Figures for Social and Medically Supported Detox were figured together for FY 98-99 and the actual cost was \$53. In FY 2001, each cost will be reported separately.

⁴ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-1999.

⁵ This performance indicator did not appear in Act 10 and therefore had no performance standard for 1999-2000.

⁶ Average is based on actuals for mid-year. High recidivism rates are expected in detox programs.

⁷ Based on prior year actual.

Calculations:

* Total number of admissions: actual numbers reported

* Average daily census: number of client days divided by the number of days in the reporting period.

* Cost per client day: year to date expenditures divided by the number of client days.

* Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

* Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.

* Recidivism rate: the number of readmissions divided by the number of admissions.

* Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing detoxification treatment	Not available ¹	Not available ¹	67,200	67,200 ²	67,200
Occupancy rate	Not available ¹	Not available ¹	Not available ¹	86%	84%
Number of beds	Not available ¹	Not available ¹	Not available ¹	87	83
Average length of stay (in days)	Not available ¹	Not available ¹	Not available ¹	7	7

¹ No scientific data available at this time. In prior years, detox was included in a category called "short term" which included inpatient adult and adolescent programs.

² This estimated need was calculated by using the total number of adults needing treatment in Louisiana from the 1996 LA Adult Household survey conducted by Research Triangle Institute and the percentage of clients admitted to Detoxification programs according to national figures (Non-Medical Detoxification = 20%)

2. (KEY) To provide 50 Public Methadone slots and in an effort to have at least 60% of the active methadone clients remain out of the criminal justice system.

Strategic Link: *This objective is related to Goal I, Objective I.4 of the strategic plan: To enhance outpatient services by establishing 100 additional adolescent outpatient slots and 100 additional adult intensive outpatients slots in each region during the period of FY 1999 to FY 2003.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Number of treatment slots	Not applicable ¹	50 ²	Not applicable ³	146 ⁴	50	50
K	Annual cost per treatment slot	Not applicable ¹	Not available ²	Not applicable ³	\$3,650	\$3,650	\$3,650
K	Number of admissions	Not applicable ¹	Not available ²	Not applicable ³	146	70	70
K	Percentage remaining out of criminal justice system	Not applicable ¹	Not available ²	Not applicable ³	70%	60% ⁵	60% ⁵

¹ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

² There are limited amounts of data from prior years, as this program did not exist until FY 1998-1999.

³ This performance indicator did not appear in Act 10 and therefore had no performance standard for 1999-2000.

⁴ In the FY 99 Legislative Session, an additional \$500,000 was appropriated for methadone treatment. Of these funds, \$147,000 will be used for methadone social detox and 353,175 will be utilized for publicly funded methadone maintenance slots for indigent clients. The anticipated increase to 146 Public Methadone slots in FY 1999-2000 will not occur as a result of funding for this program being eliminated with mid-year budget cuts.

⁵ Methadone clients are chronic drug abusers with the most severe problems, 60% is considered a very good rate.

Calculations:

* Number of slots: number of slots allocated by funding at \$3,650 per slot.

* Annual cost per treatment slot: year to date expenditures divided by the number of slots.

* Admissions: actual numbers reported.

* Recidivism rate: the number of readmissions divided by the number of admissions.

* Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of treatment slots ¹	20 ²	20 ²	20 ²	20 ²	50 ²
Annual cost per treatment slot	Not available ²	Not available ²	Not available ²	Not available ²	Not available ²
Number of admissions	Not available ²	Not available ²	Not available ²	Not available ²	Not available ²
Percentage remaining out of criminal justice system	Not available ²	Not available ²	Not available ²	Not available ²	Not available ²

¹ The number of Public Mehtadone slots has remained constant over the past several years and was increased from 20 Public Methadone slots to 50 in FY 1998-99. The anticipated increase to 146 Public Methadone slots in FY 1999-2000 will not occur as a result of mid-year budget cuts.

² There are limited amounts of data from prior years, as this program did not exist until FY 1998-1999.

3. (KEY) To admit 4,641 individuals to Primary Inpatient (Adult) programs and have an average daily census of 314.

Strategic Link: *This objective is related to Goal I of the strategic plan: To provide the highest quality alcohol and drug abuse and gambling treatment which is responsive to the clients' needs, clinically effective, and delivered in the most effective manner.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	5,187 ¹	4,641	4,244	4,244	4,641	4,641
S	Average daily census	362 ¹	314	291	291	314	314
K	Percentage of clients successfully completing program	70%	69%	73%	73%	65%	65%
K	Cost per client day	\$76	\$88	\$94	\$94	\$94	\$99 ²
K	Percentage of positive responses on client satisfaction questionnaire	Not applicable ³	98%	80%	80%	90%	90%
K	Recidivism rate	Not applicable ³	19%	19%	19%	19%	19%
K	Occupancy rate	Not applicable ³	96%	95%	95%	95%	95%

¹ This performance standard was based upon the FY 98-99 proposed increase in funding which was not approved.

² This figure has been adjusted with a 5% inflation rate.

³ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-1999.

Calculations:

* Total number of admissions: actual numbers reported

* Average daily census: number of client days divided by the number of days in the reporting period.

* Cost per client day: year to date expenditures divided by the number of client days.

* Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

* Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.

* Recidivism rate: the number of readmissions divided by the number of admissions.

* Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing inpatient treatment	Not available ¹	Not available ¹	73,920	73,920 ²	73,920
Occupancy rate	Not available ¹	Not available ¹	Not available ¹	95	96
Number of beds	Not available ¹	Not available ¹	Not available ¹	335	327 ³
Average length of stay (in days)	Not available ¹	Not available ¹	Not available ¹	24	24

¹ No scientific data available at this time. In prior years, figures were captured in a category called "short term" which included both adult and adolescent treatment programs. Prior to FY 98, Capital Area programs were also included in the figures.

² This estimated need was calculated by using the total number of adults needing treatment in Louisiana from the 1996 LA Adult Household survey conducted by Research Triangle Institute and the percentage of clients admitted to Primary Inpatient Adult programs according to national figures (Inpatient: 22%)

³ There was a typing error. This figure reported in fiscal year 1998-99 should have been 327.

4. (KEY) To admit 363 individuals to Primary Inpatient (Adolescent) program and have an average daily census of 45.

Strategic Plan: *This objective implements Goal I, Objective I.2, Strategy I.2.4 of the strategic plan: To improve and increase inpatient bed capacity by establishing a 30 bed residential dual diagnosis unit as a statewide demonstration project and 30 additional adolescent inpatient service delivery system during the period of FY 1999 to FY 2001.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	349	389	363	363	363	363
S	Average daily census	26	52 ¹	45	45	45 ¹	45
K	Percentage of clients successfully completing program	72%	55%	60%	60%	55%	55%
K	Cost per client day	\$100	\$109	\$141	\$141	\$115	\$115
K	Percentage of positive responses on client satisfaction questionnaire	Not applicable ²	83%	80%	80%	80%	80%
K	Recidivism rate	Not applicable ²	4%	5%	5%	5%	5%
K	Occupancy rate	95%	94%	80%	80%	80% ³	80% ³

¹ A new 30 bed unit, the Spring of Recovery, opened during FY 99. We want to have as a minimum an 80% occupancy rate.

² This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

³ This figure is consistent with our average daily census.

Calculations:

* Total number of admissions: actual numbers reported

* Average daily census: number of client days divided by the number of days in the reporting period.

* Cost per client day: year to date expenditures divided by the number of client days.

* Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

* Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.

* Recidivism rate: the number of readmissions divided by the number of admissions.

* Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing detoxification treatment	Not available ¹	Not available ¹	26,923	26,923 ²	26,923
Occupancy rate	Not available ¹	Not available ¹	Not available ¹	98%	94%
Number of beds	Not available ¹	Not available ³	Not available ³	26	56
Average length of stay (in days)	Not available ¹	Not available ³	Not available ³	54	56

¹ No scientific data available at this time. In prior years, figures were captured in a category called "short term" which included both and adolescent treatment programs.

² This estimated need was calculated by using 10% (estimated national figure for adolescents needing treatment) of the total number of individuals under the age 18 from the Louisiana 1990 Census. National figures for this particular treatment modality (22%) were then apply to this formula.

³ In prior years, figures were captured in a category called "short-term" which included both adult and adolescent treatment programs. Additionally, Capital Area figures were also included.

5. (KEY) To admit 824 individuals to Community Based (Adult) programs and have an average daily census of 184.

Strategic Link: *This objective is related to Goal I, Objective I.2 and I.3.4 of the strategic plan: To improve and increase inpatient bed capacity by establishing a 30 bed residential dual diagnosis unit as a statewide demonstration project and 30 additional adolescent inpatient treatment beds in the OAD service delivery system during the period of FY 1999 to FY 2001.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	2,658 ¹	935	1,555 ²	1,555 ²	824 ³	824 ³
S	Average daily census	207	211	212	212	184 ⁴	184 ⁴
K	Percentage of clients successfully completing the program	61%	53%	45%	45%	45%	45%
K	Cost per client day	\$35	\$31	\$31	\$31	\$31	\$31
K	Percentage of positive responses on client satisfaction questionnaire	Not applicable ⁴	95%	80%	80%	80%	80%
K	Recidivism rate	Not applicable ⁴	11%	8%	8%	15% ⁶	15% ⁶
K	Occupancy rate	100%	92%	92%	92%	80% ³	80% ³

¹ Some of these performance standard values were based upon a FY 98-99 proposed increase in funding which was not approved.

² The Projections for FY 2000 were based on an average length of stay of 57 days. Our actual in 98-99 was 935 which was based on an average length of stay of 78 days, so we are basing our projection on this actual figure.

³ This includes both halfway houses and therapeutic communities. Therapeutic Communities have a longer average length of stay. Projections are based on our mid-year actuals.

⁴ This is based on an 80% occupancy rate.

⁵ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99

⁶ Our actual rates at times have been below this; it fluctuates; 15% is considered an excellent rate.

Calculations:

- * Total number of admissions: actual numbers reported
- * Average daily census: number of client days divided by the number of days in the reporting period.
- * Cost per client day: year to date expenditures divided by the number of client days.
- * Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.
- * Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.
- * Recidivism rate: the number of readmissions divided by the number of admissions.
- * Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing Community-Based (Adult) treatment	Not available ¹	Not available ¹	23,520	23,520 ²	23,520
Occupancy rate	Not available ³	Not available ³	Not available ³	73%	92%
Number of beds	Not available ³	Not available ³	Not available ³	223	230
Average length of stay (in days)	Not available ³	Not available ³	Not available ³	73	78

¹ No scientific data available at this time.

² This estimated need was calculated by using the total number of adults needing treatment in Louisiana from the 1996 Louisiana Adult Household survey conducted by Research Triangle Institute and the percentage of clients admitted to Community Based Adult programs according to national figures (Community-Based = 7%)

³ In prior years, figures were captured in a program called "long term which included both adult and adolescent programs and included Capital Area Human Services District.

6. (KEY) To admit 116 individuals to Community Based (Adolescent) programs and have an average daily census of 32.

Strategic Link: *This objective is related to Goal I, Objective I.3 and Strategy I.3.4 of the strategic plan: To improve and increase community-based residential (adult and adolescent) treatment services by adding 200 adult halfway house beds and 30 adolescent halfway house beds by June 30, 2001.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	307 ¹	137	106	106	116 ²	116 ²
S	Average daily census	25	36	35	35	32	32
K	Percentage of clients successfully completing the program	Not applicable ³	45%	25%	25%	45%	45%
K	Cost per client day	\$72	\$73 ⁴	\$65	\$65	\$68	\$68
K	Percentage of positive responses on client satisfaction questionnaire	83%	82%	60%	60%	65% ⁵	65% ⁵
K	Recidivism rate	Not applicable ³	6%	3%	3%	10%	10%
K	Occupancy rate	90%	89%	90%	90%	80% ⁶	80% ⁶

¹ Some of these figures were based upon a FY 98-99 proposed increase in funding which was not approved.

² This figure is adjusted based on mid-year admissions.

³ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-1999.

⁴ Human Services Foundation operates at a cost per client day of \$71.50. The Caddo/Bossier program operates at a cost of \$65 per day. Fiscal Year 1999 figures were not correct. The correct cost per client day was \$68.

⁵ This figure is based on mid-year performance.

⁶ Recidivism rate has been as great as 7% in FY 1999-2000.

Calculations:

- * Total number of admissions: actual numbers reported
- * Average daily census: number of client days divided by the number of days in the reporting period.
- * Cost per client day: year to date expenditures divided by the number of client days.
- * Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.
- * Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.
- * Recidivism rate: the number of readmissions divided by the number of admissions.
- * Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing community-based (adolescent) treatment	Not available ¹	Not available ¹	8,566	8,566 ²	8,566
Occupancy rate	Not available ³	Not available ³	Not available ³	97%	89%
Number of beds	Not available ³	Not available ³	Not available ³	39	40 ⁴
Average length of stay (in days)	Not available ³	Not available ³	Not available ³	136	90

¹ No scientific data available at this time

² This estimated need was calculated by using 10% (estimated national figure for adolescents needing treatment) of the total number of individuals under age 18 from the Louisiana 1990 Census. National figures for this particular treatment modality (7%) were then apply to this formula.

³ In prior years, figures were captured in a category called "long-term" which included both adult and adolescent programs and Capital Area Human Services District programs.

⁴ With adolescents, a six month period is most effective but many adolescents leave early because of parental desires and other reasons.

Calculations:

Total number of admissions: actual numbers reported

Average daily census: number of client days divided by the number of days in the reporting period.

Cost per client day: year to date expenditures divided by the number of client days.

Percent of clients successfully completing the program: Number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires submitted. Note: the evaluation instrument provides a 4 point scale for reporting the percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction or better divided by the number of questionnaires submitted.

Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.

7. (KEY) To admit 12,000 individuals to Outpatient programs and provide 300,000 services.

Strategic Link: *This objective is related to Goal I, Objective I.4 of the strategic plan: To enhance outpatient services by establishing 100 additional adolescent outpatient slots and 100 additional adult intensive outpatient slots in each region during the period of FY 1999 to FY 2003.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	18,693 ¹	14,296	12,521	12,521 ²	12,000 ²	12,000 ²
K	Total number of persons served	51,533 ¹	22,249	28,396	28,396 ³	22,249 ³	22,249 ³
K	Percentage of clients successfully completing treatment program	44%	40%	19%	19%	30%	30%
K	Cost per person served	Not applicable ⁴	\$532	\$450	\$450	\$532	\$532
K	Percentage of positive responses on client satisfaction questionnaire	Not applicable ⁴	96%	80%	80%	80%	80%
S	Number of services provided	Not applicable ⁴	305,522	300,000	300,000	300,000	300,000
K	Recidivism rate	Not applicable ⁴	23%	19%	19%	25% ⁵	25% ⁵

¹ Some of these figures are based upon a FY 1998-99 proposed increase in funding which was not approved.

² We anticipate that admissions could decline in the second half of FY 2000-2001 due to the reduction in temporary staff. This reduction is necessary in order to assure sufficient federal funds for the next fiscal year.

³ We are reducing our expectations because Capitol Area is no longer counted in our totals. This does not include those that are seen but not admitted. We are adjusting our

⁴ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

⁵ Mid-year figures indicate that this figure should be adjusted.

Calculations:

- * Total number of admissions: actual numbers reported.
- * Total number of persons served: admissions + discharges + open cases.
- * Cost per person served: year to date expenditures divided by the number of persons served.
- * Percent of clients successfully completing the program: number of discharge summaries reporting that clients completed the program divided by the number of discharges.
- * Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.
- * Number of services provided: actual numbers reported.
- * Recidivism rate: the number of readmissions divided by the number of admissions.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing outpatient treatment	Not available ¹	Not available ¹	168,000	168,000 ²	168,000

¹ No scientific data available at this time.

² This estimated need was calculated by using the total number of adults needing treatment in Louisiana from the 1996 Louisiana Adult Household survey conducted by Research Triangle Institute and the percent of clients admitted to Community Based Adult programs statewide.

8. (KEY) To admit 587 individuals to Compulsive Gambling (Outpatient) programs and provide 23,675 services.

Strategic Link: This objective is related to Goal I, Objective 1.5 of the strategic plan: To improve the provision of treatment and prevention services for compulsive gambling by providing outpatient services to 700 clients, establishing a residential treatment program, and a statewide prevention program during the period of FY 1999 to FY 2000.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	2,000 ¹	524	450	450	587 ²	587 ²
S	Total number of services provided	15,000	23,675	18,840	18,840	23,675 ^{3,4}	23,675 ^{3,4}
K	Percentage of clients completing treatment	60%	34%	40%	40%	34%	34%
K	Cost per service	\$50	\$6 ⁵	\$21	\$21	\$13	\$13
K	Recidivism rate	Not applicable ⁶	Not available ⁷	19%	19%	25%	25%

¹ This performance standard was based upon a FY 98-99 proposed increase in funding which was not approved.

² There was an increase in the funding for outpatient compulsive gambling by \$100,000 and with time for startup programs, admissions should increase by 12%.

³ The number of services will remain the same because we will be doing fewer services that are not intensive such as community education and will increase more intensive one on one services. This is based on prior year actuals.

⁴ Adding more aftercare and family therapy in FY 2001.

⁵ The figure reported for FY 99 was not correct. The correct cost per service was \$10.

⁶ This performance indicator did not appear in Act 19 and therefore has no performance standard for 1998-99.

⁷ Gambling data on recidivism rates was not captured on our management information system prior to July 1999.

Calculations:

- * Total number of admissions: actual numbers reported.
- * Total number of services provided: actual numbers reported.
- * Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 51% of more of the program divided by the number of questionnaires. Note: Instrument provides a 4 point scale for percentage of the program completed. Scale points are at 0-25%, 26-50%, 51-75%, and 76-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.
- * Cost per service: year to date expenditures divided by the number of services.
- * Recidivism rate: the number of readmissions divided by the number of admissions.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing treatment for compulsive gambling	Not available ¹	Not available	53,000 ²	53,000 ²	53,000

¹ No scientific data available at this time.

² The Prevalence of Pathological Gambling in Louisiana (Based on the 1995 Volberg Study), James Wastphal, M.D., Dept of Psychiatry, LSU Medical Center - Shreveport, LA and Jill Rush, M.D., Dr. PH Department of Psychiatry, LSU Medical Center - Shreveport.

9. (KEY) To admit 150 individuals to the Compulsive Gambling (Inpatient) Program and have an average daily census of 14.

Strategic Link: *This objective is related to Goal I, Objective I.5 of the strategic plan: To improve and enhance the provision of treatment and prevention services for compulsive gamblers by providing outpatient services to 700 clients, establishing a residential treatment program and a statewide prevention program during the period of FY 1999 to FY 2000.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999 ¹	ACTUAL YEAREND PERFORMANCE FY 1998-1999 ¹	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
S	Average daily census	16	14	16	16	14 ²	14 ²
K	Total number of admissions	225	18 ³	225	225	150 ⁴	150
K	Percentage of individuals successfully completing treatment	Not applicable ⁵	0% ⁶	70%	70%	70%	70%
K	Cost per patient day	\$75	\$611 ⁷	\$75	\$75	\$75	\$75
K	Recidivism rate	Not applicable ⁵	Not available ⁶	19%	19%	19%	10%
K	Occupancy rate	Not applicable ⁵	90%	80%	80%	80%	80%
S	Average length of stay (in days)	Not applicable ⁵	21	26	26	35 ⁸	35 ⁸

¹ The prior year performance standard was based upon a full year of operation. This program started accepting clients in June 1999.

² This figure is based on an 80% occupancy rate as a minimum.

³ This program opened in June 1999.

⁴ This is based on a 40 day average length of stay.

⁵ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

⁶ This program opened in June 1999. Only 2 clients were discharged from the program by the end of June and they completed less than 25% of the program. Recidivism rate was not captured until FY 2000.

⁷ Included start up. Program began accepting clients in June 1999.

⁸ This figure is based on mid-year FY 2000 projections.

Calculations:

* Average daily census: number of client days divided by number of days in the reporting period.

* Total number of admissions: actual numbers reported.

* Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% of more of the program divided by the number of questionnaires. Note: Instrument provides a 4 point scale for percentage of the program completed. Scale points are at 0-25%, 26-50%, 51-75%, and 76-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

* Cost per day: year to date expenditures divided by the number of client days.

* Recidivism rate: the number of readmissions divided by the number of admissions.

* Occupancy rate: the number of bed days for the period divided by the number of staffed beds times the number of days in the period.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of persons needing treatment for compulsive gambling	Not available ¹	Not available ¹	Not available ¹	Not available ¹	53,334 ²
Average daily occupancy rate	Not applicable ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹	90%
Number of beds	Not applicable ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹	16
Average length of stay (in days)	Not applicable ¹	Not applicable ¹	Not applicable ¹	Not applicable ¹	21 ³

¹ There is no data from prior years, as this program did not exist until FY 1998-99.

² The Prevalence of Pathological Gambling in Louisiana (Based on the 1995 Volberg Study), James Wastphal, M.D., Dept of Psychiatry, LSU Medical Center - Shreveport, LA and Jill Rush, M.D., Dr. PH Department of Psychiatry, LSU Medical Center - Shreveport.

³ Our actual length of stay should increase in the upcoming fiscal year as we have found that this client population requires longer more intensive treatment.

10. (KEY) To admit 1,621 individuals to its Drug Court programs and have a 60% retention rate.

Strategic Link: *This objective is related to Goal I, Objective I.6 of the strategic plan: To provide an additional 350 drug court treatment slots for court diverted individuals statewide during the period of FY 1999 to FY 2003.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Total number of admissions	6,177 ¹	900 ²	1,447	1,447	1,621 ³	1,621 ³
K	Annual cost per treatment slot - juvenile	Not applicable ⁴	\$3,600 ⁴	\$3,600	\$3,600	\$3,600 ⁵	\$3,600 ⁵
K	Annual cost per treatment slot - adult	\$2,500	\$2,500	\$2,500	\$2,500	\$2,500 ⁶	\$2,500 ⁶
K	Retention rate (percent remaining in treatment for a minimum of 12 months)	Not applicable ⁴	93% ⁴	60%	60%	60%	60%
K	Recidivism rate	Not applicable ⁴	5% ⁴	20%	20%	10%	10%

¹ Some of these figures were based upon a FY 98-99 proposed increase in funding which was not approved.

² In FY 99 there were 900 treatment slots, 1,008 admissions and 1,353 active participants.

³ Drug Court treatment programs have a longer length of stay than other treatment programs. The essential length of treatment is a year to possibly eighteen months.

⁴ This performance indicator did not appear in Act 19 and therefore has no performance standard for 1998-99.

⁵ The cost for juvenile slots is higher than adults due to the involvement with the juvenile's family. The allocation of slots for Juvenile Drug Courts is 194 slots.

⁶ The number of adult treatment slots is 964 slots.

Calculations:

- * Total number of admissions: actual numbers reported.
- * Annual cost per treatment slot: year to date expenditures divided by the number of treatment slots.
- * Retention rate: number of active cases plus graduates divided by the number of admissions.
- * Recidivism rate: the number of readmissions divided by the number of admissions.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Percentage of substance abusers in the criminal justice system	Not available ¹	Not available ¹	Not available ¹	75% ¹	75%
Number of drug treatment programs	Not available ²	Not available ²	Not available ²	5	18
Number of treatment slots	Not available ²	Not available ²	Not available ²	237	900

¹ This number represents 22,500 people incarcerated at this time. Information is not available prior to FY 1998.

² Program did not exist prior to FY 98.

11. (KEY) To enroll 7,415 individuals in it's Primary Drug Abuse Prevention Program and offer 41 programs.

Strategic Link: *This objective is related to Goal II, Objective II.1 of the strategic plan: To restructure by 100% the 50 primary prevention programs to be research based by FY 2003.*

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Number of persons enrolled	3,908	7,415	6,521	6,521	7,415	7,415
K	Percentage of individuals successfully completing program	Not applicable ¹	92%	60%	60%	80% ²	80% ²
K	Cost per participant served	\$460	\$359	\$407	\$407	\$359	\$359
S	Number of programs offered	54	32	31	31	41	41
K	Percentage of positive responses on client satisfaction questionnaire	97%	97%	80%	80%	80%	80%

¹ This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

² Projection is based on 1st quarter and mid-year figures for FY 2000.

Calculations:

* Total number of admissions: actual numbers reported.

* Percent of clients successfully completing the program: number of questionnaires reporting that the clients completed 76% or more of the program divided by the number of questionnaires. Note: the evaluation instrument provides a 4 point scale for percent of the program completed. Scale points are at 0-25%, 26-50%, 51-75% and 76%-100%. The total number of questionnaires submitted represents a sample of the total number discharged. Sample size is large enough to allow extrapolation.

* Cost per participant served: year to date costs divided by the number of participant served.

* Number of programs offered: count of the contracted programs that offer primary prevention services.

* Percent of positive responses on client satisfaction questionnaire: number of questionnaires rating overall satisfaction as satisfactory or better divided by the number of questionnaires. Note: the evaluation instrument provides a 5 point scale ranging from "excellent" to "poor" with "satisfactory" at mid range.

GENERAL PERFORMANCE INFORMATION:

PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Target population for drug abuse prevention (La population at risk)	3,872,015 ¹	3,872,015 ¹	3,872,015 ¹	3,872,015 ¹	3,872,015 ¹
Number of persons enrolled	Not available ²	Not available ²	Not available ²	3,908 ²	7,415
Percentage of individuals successfully completing program	Not available ³	Not available ³	Not available ³	Not available ³	92%
Cost per participant served	Not available ²	Not available ²	Not available ²	\$397	\$359

¹ These figures are based upon the 1990 Census figures.

² This information was not captured until FY 1998.

³ This information was not captured until FY 1999.

12. (KEY) To conduct 2,400 compliance checks for the Synar Program and have a non-compliance rate of 10%.

Strategic Link: *This objective is related to Goal II, Objective II.2.1 of the strategic plan: To comply with federal regulations regarding tobacco sales to minors by reducing the rate of sales to minors from 30% in FY 1999 to 20% by FY 2003.*

Explanatory Note: Under the Synar Amendment, states are required to conduct random, unannounced inspections of a representative sample of the state's tobacco vendors to assess their compliance with state laws. States that fail to meet the goal of reducing violation rate to no more than 20% can lose a percentage of their federal Substance Abuse Prevention and Treatment Block Grant funds. This program was named for its author, the late Mike Synar, former congressman from Oklahoma who died of brain cancer.

LEVEL	PERFORMANCE INDICATOR NAME	PERFORMANCE INDICATOR VALUES					
		YEAREND PERFORMANCE STANDARD FY 1998-1999	ACTUAL YEAREND PERFORMANCE FY 1998-1999	ACT 10 PERFORMANCE STANDARD FY 1999-2000	EXISTING PERFORMANCE STANDARD FY 1999-2000	AT CONTINUATION BUDGET LEVEL FY 2000-2001	AT RECOMMENDED BUDGET LEVEL FY 2000-2001
K	Number of Office of Alcohol and Tobacco Control (ATC) compliance checks conducted to reduce the sale of tobacco to underage youth	2,136	3,600	2,400	2,400	2,400 ¹	2,400 ¹
K	Non compliance rate	Not applicable ²	20% ³	20%	20%	10%	10%
S	Cost per compliance check	Not applicable ²	\$50	\$50	\$50	\$50	\$50
K	Number of unconsummated compliance checks	2,225	2,500 ⁴	2,500	2,500	2,500	2,500

¹ If funding is made available, the number of compliance checks will be increased.

² This performance indicator did not appear in Act 19 and therefore had no performance standard for 1998-99.

³ The non compliance rate is calculated by the number of sales to minors by vendors during compliance checks completed by the Office of Alcohol and Tobacco Control.

⁴ Unconsummated compliance checks are conducted by minor volunteers supervised by regional contract providers. No sale is completed and no citations are issued as these are strictly for merchant education.

Calculations:

* Number of ATC compliance checks: actual numbers reported.

* Non-compliance rate: number of outlets that sold tobacco to underage youth divided by the total number of outlets surveyed.

* Cost per compliance check: year to date expenditures divided by the number of compliance checks.

* Number of unconsummated compliance checks: actual number reported.

GENERAL PERFORMANCE INFORMATION:					
PERFORMANCE INDICATOR	PRIOR YEAR ACTUAL FY 1994-95	PRIOR YEAR ACTUAL FY 1995-96	PRIOR YEAR ACTUAL FY 1996-97	PRIOR YEAR ACTUAL FY 1997-98	PRIOR YEAR ACTUAL FY 1998-99
Number of youth at risk	Not available ¹	Not available ¹	Not available ¹	863,867	863,867
Number of Office of Alcohol and Tobacco Control compliance checks conducted to reduce the sale of tobacco to underage youth	Not available ¹	Not available ¹	Not available ¹	Not available ¹	3,600

¹ There is no data from prior years, as this program did not exist until FY 1998-1999.

RESOURCE ALLOCATION FOR THE PROGRAM

	ACTUAL 1998-1999	ACT 10 1999- 2000	EXISTING 1999- 2000	CONTINUATION 2000 - 2001	RECOMMENDED 2000 - 2001	RECOMMENDED OVER/(UNDER) EXISTING
MEANS OF FINANCING:						
STATE GENERAL FUND (Direct)	\$14,393,177	\$14,503,655	\$14,464,857	\$16,583,178	\$14,528,873	\$64,016
STATE GENERAL FUND BY:						
Interagency Transfers	354,121	792,180	846,680	846,680	215,000	(631,680)
Fees & Self-gen. Revenues	266,864	318,000	318,000	318,000	318,000	0
Statutory Dedications	1,021,019	1,500,000	1,978,981	1,500,000	1,500,000	(478,981)
Interim Emergency Board	0	0	0	0	0	0
FEDERAL FUNDS	29,970,372	32,261,124	33,034,849	33,142,616	32,508,245	(526,604)
TOTAL MEANS OF FINANCING	\$46,005,553	\$49,374,959	\$50,643,367	\$52,390,474	\$49,070,118	(\$1,573,249)
EXPENDITURES & REQUEST:						
Salaries	\$12,109,553	\$12,913,844	\$12,217,245	\$12,769,580	\$13,813,407	\$1,596,162
Other Compensation	1,167,877	743,715	1,305,113	1,305,113	181,248	(1,123,865)
Related Benefits	2,213,272	2,194,529	2,190,971	2,223,561	2,310,510	119,539
Total Operating Expenses	2,811,827	2,510,932	2,698,574	3,507,425	2,670,098	(28,476)
Professional Services	1,027,480	1,228,048	1,228,048	1,530,377	1,228,048	0
Total Other Charges	26,299,472	29,550,636	30,568,420	30,827,418	28,639,807	(1,928,613)
Total Acq. & Major Repairs	376,072	233,255	434,996	227,000	227,000	(207,996)
TOTAL EXPENDITURES AND REQUEST	\$46,005,553	\$49,374,959	\$50,643,367	\$52,390,474	\$49,070,118	(\$1,573,249)
AUTHORIZED FULL-TIME						
EQUIVALENTS: Classified	469	467	467	471	490	23
Unclassified	2	2	2	2	2	0
TOTAL	471	469	469	473	492	23

SOURCE OF FUNDING

The Office of Alcohol and Drug Abuse Prevention and Treatment Program is funded from State General Fund, Fees and Self-generated Revenue, Statutory Dedications, and Federal Funds. Fees and Self-generated Revenues include fees from patients for services provided based on a sliding fee scale, DWI fees paid for prevention and treatment services provided to DWI offenders, reimbursement for meals provided to employees and visitors at inpatient treatment facilities, and co-payments on urine drug screens. Statutory Dedications means of financing are available in accordance with Act 1215 of 1995 and Act 585 of 1997. Act 1215 established the Compulsive and Problem Gaming Fund. Act 585 increased the fund amounts to \$500,000 each from Lottery, River Boat Gambling and Video Poker (Per R.S. 39:32B.(8), see table below for a listing of expenditures out of each statutory dedication fund). Federal Funds include Title XVIII for services provided to Medicare eligible patients, funds provided by the Bureau of Prisons, and the following grants: Office of Alcohol and Drug Abuse Block Grant, Needs Assessment grants, Shelter Plus grant, Women with Dependent Children grant, and Underage Drinking grant.

	ACTUAL 1998-1999	ACT 10 1999- 2000	EXISTING 1999- 2000	CONTINUATION 2000 - 2001	RECOMMENDED 2000 - 2001	RECOMMENDED OVER/(UNDER) EXISTING
Compulsive and Problem Gaming Fund	\$1,021,019	\$1,500,000	\$1,978,981	\$1,500,000	\$1,500,000	(\$478,981)

ANALYSIS OF RECOMMENDATION

GENERAL FUND	TOTAL	T.O.	DESCRIPTION
\$14,503,655	\$49,374,959	469	ACT 10 FISCAL YEAR 1999-2000
			BA-7 TRANSACTIONS:
\$0	\$192,996	0	Carry forward of Federal Funds for major repairs to renovate the Bunkie Clinic
\$0	\$478,981	0	Carry forward of Statutory Dedications to provide an array of gambling prevention and treatment services
\$0	\$360,000	0	Increase in Federal Funds grant to prevent underage drinking by allowing for community task forces and local law enforcement personnel to assist in enforcing Louisiana's underage drinking laws through vendor education, compliance checks and community policy development
(\$38,798)	(\$38,798)	0	Transfer of General Fund to the DHH - Office of Management and Finance to fund a position transferred between these two agencies at the end of last fiscal year
\$0	\$54,500	0	Increase in Interagency Transfer means of financing from the Department of Education to provide survey data dealing with prevalence and incidence rate of alcohol, tobacco and other drugs to be used for assessing needs and planning activities/programs to prevent students from becoming involved with drugs, alcohol and tobacco
\$0	\$220,729	0	Increase in Federal Funds grant to support the improvement of drug courts by developing a multifaceted statewide training program and enhancing the drug treatment court management information system (MIS)
\$14,464,857	\$50,643,367	469	EXISTING OPERATING BUDGET – December 3, 1999
\$70,566	\$231,743	0	Annualization of FY 1999-2000 Classified State Employees Merit Increase
\$68,556	\$225,142	0	Classified State Employees Merit Increases for FY 2000-2001
(\$468)	(\$468)	0	Teacher Retirement Rate Adjustment
\$66,877	\$2,403	0	Risk Management Adjustment
\$0	\$225,000	0	Acquisitions & Major Repairs
\$0	(\$242,000)	0	Non-Recurring Acquisitions & Major Repairs
\$0	(\$671,977)	0	Non-Recurring Carry Forwards - \$192,996 of Federal Funds for major repairs of clinic and \$478,981 of Statutory Dedication Gambling Fund revenue for one-time advertising promotion for a gambling hot-line, provide gambling training to staff and develop outpatient education and treatment supplies
\$258,087	\$847,577	0	Salary Base Adjustment
(\$191,853)	(\$630,059)	0	Attrition Adjustment
(\$99,843)	(\$172,978)	(12)	Personnel Reductions
(\$205,356)	(\$674,403)	0	Salary Funding from Other Line Items

\$2,000	\$2,000	0	Workload Adjustments - Increase in major repairs to repair fire extinguisher system in kitchen hood cited as deficient by Fire Marshal
\$18,270	\$60,000	0	Workload Adjustments - Increased funding in Lab costs due to increased admissions, treatment and cost
\$0	(\$220,729)	0	Other Non-Recurring Adjustments - Remove Federal Fund BA-7 for drug court multi-jurisdictional initiative
\$0	(\$54,500)	0	Other Non-Recurring Adjustments - Remove Interagency Transfer BA-7 for Department of Education survey data
(\$500,000)	(\$500,000)	0	Other Non-Recurring Adjustments - Remove General Fund for statewide methadone treatment
\$0	\$0	35	Other Adjustments - Move positions from Other Charges to authorized T.O.
\$577,180	\$0	0	Net Means Of Financing Substitutions - Replace \$577,180 of Interagency Transfer with General Fund to reflect amounts budgeted by the Department of Health and Hospitals
\$14,528,873	\$49,070,118	492	TOTAL RECOMMENDED
\$0	\$0	0	LESS GOVERNOR'S SUPPLEMENTARY RECOMMENDATIONS
\$14,528,873	\$49,070,118	492	BASE EXECUTIVE BUDGET FISCAL YEAR 2000-2001
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL:
\$0	\$0	0	None
\$0	\$0	0	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON SALES TAX RENEWAL
			SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE:
\$0	\$0	0	None
\$0	\$0	0	TOTAL SUPPLEMENTARY RECOMMENDATIONS CONTINGENT ON NEW REVENUE
\$14,528,873	\$49,070,118	492	GRAND TOTAL RECOMMENDED

The total means of financing for this program is recommended at 96.9% of the existing operating budget. It represents 82.5% of the total request (\$59,477,850) for this program. The major changes reflected in the analysis of recommendation include: full funding has been provided for all 492 recommended positions and an adjustment to reflect an anticipated attrition factor of 4% totaling -\$172,978 (-\$99,843 State General Fund, -\$73,135 Federal Funds); remove non-recurring Federal Fund BA-7 of \$220,729 for drug-court multi-jurisdictional initiative; reduce \$500,000 State General Fund for statewide methadone treatment; increase employees to account for positions moved from other charges and other compensation; the removal of non-recurring carry forward BA-7's totaling -\$671,977 (-\$478,981 Statutory Dedication, -\$192,966 Federal Funds); and a net means of financing substitution, replacing \$579,612 of Interagency Transfers with State General Fund to reflect FY00 annualized reductions made by DHH - Medical Vendor Program budgeted amounts.

PROFESSIONAL SERVICES

\$656,939	Contracts with physicians to provide medical services at a given facility to patients and provides medical consultation to staff of the specified facility. The medical services provided may vary from facility but primarily they include routine physicals of clients enrolled in the program.
\$235,702	Primarily Psychiatric services to patients of Alcohol and Drug Abuse Clinics. Also provide formulation and authorization of Treatment plan, Medical Management and consultation to members of the staff of the clinics.

\$143,340	Contracts with nurses and phlebotomists who assist staff with HIV/TB Counseling/Testing and phlebotomy services including Sexually Transmitted Disease (STD) education and Venereal Disease Research Laboratory for Syphilis (VDRLS). These providers will also do TB skin testing on IV drug user clients and HIV positive clients. These type of contracts will also provide direct observed therapy on-site when appropriate in collaboration with the Louisiana AIDS Program and the TB Control Program.
\$10,920	Provide psychological testing, consultation and assessment on personality characteristics of alcohol and drug abuse clients. In selected cases, intelligence testing is used to determine optimum rehabilitation placement.
\$69,734	Interpreting service for hearing impaired clients. In compliance with the ADA Act of 1990, OAD is required to provide treatment services to physically impaired individuals and make available reasonable resources to facilitate a positive treatment outcome.
\$111,413	Other service contracts for dietitian, consulting, computer and software specialist, counselors, training and other non-medical services
\$1,228,048	TOTAL PROFESSIONAL SERVICES

OTHER CHARGES

\$5,319,245	Outpatient treatment services provides an array of services to addictive abusing individuals and their families at the community level that is least restrictive, less costly to access than formalized inpatient treatment services. These services are designed to bring the addictive process to remission and to support individual and family growth to sustain recovery. Standardized core services this component include: Individual, family, group and couples counseling; intensive day treatment, medical services, educational services; drug screens; case management and aftercare services to both children/youth and adults statewide. Services include: \$1,861,833 for regular outpatient treatment; \$257,412 for gambling outpatient treatment; \$3,200,000 for drug court outpatient treatment.
\$1,389,915	Residential treatment services provides a therapeutic environment for citizens diagnosed with substance abuse disorders (chemical dependency, addiction, etc.) who are due to the severity of the disorder, cannot achieve recovery in a less restrictive environment. Services are provided to both adolescents and adults, including specialized programming to addicted pregnant women, women with dependent children. These services are either short-term (standard 28 day program or long-term (3-6 months) for the more chronic individuals).
\$2,580,050	Regular inpatient services provide for non-acute treatment and includes a planned and professionally implemented regime for people suffering from alcohol and/or other addiction problems. It operates twenty-four hours a day, seven days a week and provides medical and psychiatric care, as warranted.
\$492,750	Gambling inpatient services provide for non-acute treatment to compulsive and problem gamblers. Treatment includes a planned and professionally implemented regime for people suffering from gambling addiction. It operates twenty-four hours a day, seven days a week and provides medical and psychiatric care, as warranted.
\$918,393	Non-medical detox services provide non-medical supervised support services to persons undergoing detoxification after a prolonged period of alcohol and/or drug abuse where the forward motion of the addictive process can be halted and the individual can begin the screening and assessment for the development of an appropriate treatment plan. Services included are aftercare planning and referrals to appropriate component in the continuum of care. Each program has a specific number of inpatient beds assigned based on population. Services provided during the inpatient stay may include, in addition to the supervision of the detoxification process, group, individual and family counseling; introduction to and participation in self-help groups, and other information meeting and referral groups. These contractual programs provide over 36,000 patient days per year.

- \$4,007,206 Prevention Services provide the most cost effective approach for achieving success in the war against drugs is to lessen the demand for the substance. The aim of prevention contracts is to create a social environment in which substance abuse is unacceptable. Focus is on those at highest risk, which includes youth in high crime and drug abuse areas, school dropouts and those experiencing difficulty in school, parents of those children, young adults and pregnant women. This task can be accomplished by assembling the resources of all the citizens of this state in a sustained and well-organized effort to alter the attitudes and behavior that encourage substance abuse. Prevention contracts are required for awareness and education to the effects of alcohol, tobacco, and other drugs of abuse, within the youth and general population of the State of Louisiana.
- \$255,000 In July 1992, Congress enacted the Alcohol, Drug Abuse and Mental Health Administration Reorganization Act (P.L. 103-321), also known as the Synar Act for the congressman authoring the act. This act was aimed at decreasing access to tobacco products among individuals under age 18. The regulation requires states to enact and enforce laws prohibiting any manufacturer, retailer or distributor from selling or distributing tobacco products to individuals under the age of 18. Non-compliance by states would result in lose of a percentage of its federal block grant funds for substance abuse prevention. Random unannounced inspections of a sample of tobacco vendors are taken at least once a year.
- \$210,654 The State Demand and Need Assessment Grant (Prevention) is a cooperative agreement between the Office for Addictive Disorders (OAD) and funding agency, the Center for Substance Abuse Treatment (CAST). The award is for three (3) years, September 1997 through September 2000, with the objective of assessing the demand and need for substance abuse prevention services at the State and sub-state level.
- \$423,216 The Shelter Plus Grant represents a unique partnership between two major collaborative efforts underway in the City of New Orleans: UNITY for the Homeless and the New Orleans Target Cities Project. By proposing Shelter Plus Care sponsor-based renewal assistance for the homeless substance abusing population, the project seeks to address in a comprehensive manner the continuum of care needs of a significant segment of the city's homeless population
- \$482,669 Included in Other Contracted Services are SYNAR (Tobacco enforcement), blood work, Management Information Services contracts and HIV, Phlebotomy, Urine Screen, Conference Co-Sponsorship, Pass Through Grant Funds, Statewide Training and Employment contracts.
- \$572,275 The State Demand and Need Assessment Grant (Treatment) is a cooperative agreement between the Office for Addictive Disorders (OAD) and funding agency, the Center for Substance Abuse Treatment (CAST). The award is for three (3) years, September 1997 through September 2000, with the objective of assessing the demand and need for substance abuse prevention services at the State and sub-state level.
- \$808,234 This grant is funded by the Substance Abuse and Mental Health Services Administration to provide residential services for women and their dependent children. This is a demonstration grant in region three at the present time. The award is for five years, September 30, 1995 through September 29, 2000.
- \$749,838 In accordance with R.S. 28:841, compulsive and problem gambling program shall include provision for a twenty-four hour, toll-free telephone services, operated by persons with knowledge of programs and services available to assist persons suffering from compulsive or problem behavior. Funds are also used for billboards posted through the State of Louisiana containing the toll-free telephone number and for use in various places where gambling activities are conducted, such as around video poker machines, racing tracks and charity bingo parlors.
- \$3,020,010 Halfway house services provide a structured, community-based supportive living environment for both adult and adolescent males and females, after completing a formalized primary care treatment program. This component of care allows the client/patient an opportunity to continue to work toward recovery, as reflected by his/her individualized treatment plans; provides individuals and group counseling; 12 Steps AA/NA meetings and other self-help support group and personal growth services in a safe, drug-free setting that is supportive, and peer generated, while reintegrating into the community. The length of stay ranges from (2-6) months during which time the resident is either employed, seeking employment or enrolled in vocational/educational activities.

\$394,165	Therapeutic community treatment is a community-based program of highly structured environment designed to treat substance abusers who have demonstrated a pattern of recidivism need for long term residential treatment. It is a unique program in that it relies on the social environment to foster change in the client while promoting self-reliance and a positive self-image. In general, this program requires a minimum of 12 months duration.
\$21,623,620	SUB-TOTAL OTHER CHARGES
	Interagency Transfers:
\$4,959,973	IAT to Capital Area Human Services District to perform community based functions related to the care, diagnosis, training, treatment and education of addictive disorder abusers and the prevention of addictive abuse
\$77,000	Expense to the Department of Education - SSD #1 for services at East LA State Hospital and Greenwell Springs adolescent unit
\$5,000	To reimburse Northwest Development Center for supplies provided to Pines Treatment Center
\$722,000	To reimburse Southeast La Hospital for operating expenses of Fountainbleau Treatment Center and Alcohol and Drug Unit
\$176,300	IAT to Central La State Hospital for operating expenses of the Red River Treatment Center inpatient facility and the Alexandria/Pineville outpatient addictive disorders clinic with payments made via monthly billing of actual cost incurred including utilities, dietary services, maintenance, etc.
\$32,050	IAT to Central La State Hospital for space occupied by Office for Addictive Disorders including maintenance, utilities, etc.
\$142,465	IAT to Greenwell Springs Hospital for operating expenses of the adolescent inpatient unit
\$66,927	IAT to Dixon Correction Institute for reimbursement of 2 positions at "Blue" Walters
\$300,000	IAT to the Medical Vendor Program to match federal funds which will be paid to LSU Medical Center Health Care Services Division - Charity Hospital at New Orleans for operation of a 20 bed medical detox unit
\$248,000	IAT to Jefferson Parish Human Services Authority for: 1) \$105,000 for Juvenile Drug Court; 2) \$33,000 for enhancement of existing prevention programs; 3) \$10,000 for the City Refuge project; 4) \$100,000 for a Social Detox facility.
\$63,000	Expense to DSS for normal office supplies for operating all facilities statewide for printing of letterhead, envelopes, manuals, etc.
\$120,000	Expense to Office of Revenue for compliance audits to prevent underage access tobacco products
\$37,472	Expense to W.O. Moss Hospital for dietary services provided to the Joseph Brisco Treatment Center which is operated by the Office for Addictive Disorders
\$66,000	Expense to Office of Women's Services for education, alternative activities and referrals
\$7,016,187	SUB-TOTAL INTERAGENCY TRANSFERS
\$28,639,807	TOTAL OTHER CHARGES

ACQUISITIONS AND MAJOR REPAIRS

\$227,000	Recommended level of funding for the replacement and repairs of obsolete, inoperable or damaged equipment and buildings
\$227,000	TOTAL ACQUISITIONS AND MAJOR REPAIRS